

06/05/01

CLAIMS	(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Calculations	
	Total Claims (37 CFR 1.16(c))	1 - 20 =	0	x \$ 18.00	\$ 0.00	
	Independent Claims (37 CFR 1.16(b))	0 - 3 =	0	x \$ 80.00	\$ 0.00	
	Multiple Dependent Claims (if applicable) (37 CFR 1.16(d))				x\$270.00	\$ 0.00
				Basic Fee (37 CFR 1.16(a))	\$ 710.00	
			Total of above Calculations =		\$ 710.00	
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28)					
	TOTAL =				\$ 710.00	

6. The commissioner is hereby authorized to credit overpayments or charge fees required by this paper to Deposit Account No. 10-0750/VTN423/AK

7. ☐ A check in the amount of \$            is enclosed.

8. ☐ Other:

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

#### 9. CORRESPONDENCE ADDRESS

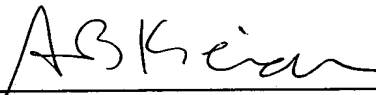
☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.  
Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003  
USA

#### 10. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Anne B. Kiernan at:  
Telephone: (732) 524-2724 Fax: (732) 524-5889

#### 11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Anne B. Kiernan
SIGNATURE	
DATE	June 5, 2001